



Pilates at Physical Therapy Care New Client Registration & Agreement

Welcome to Pilates at Physical Therapy Care ("PTC"). Providing the following information will help us to instruct you both safely and effectively.

CLIENT INFORMATION:

First Name (print): _____ Last Name: _____

Street Address: _____

City, State, Zip: _____

Email: _____

Cell Phone Number: _____ Home Phone Number: _____

Birthday: _____

How did you hear about us?:

Friend/Relative _____ Their name: _____

Internet _____

Brochure _____

Driving by _____

Other _____

HEALTH HISTORY:

Date of last medical exam: _____

Are you currently pregnant?: _____

Do you have any past or present medical conditions or injuries that would impact your ability to workout? (Please be specific): _____

What types of physical activities are you currently engaged in?: _____

What is your occupation?: _____

Have you had any past training in the Pilates Method?: _____

What are your goals and expected results from participating in Pilates?: _____

EMERGENCY CONTACT:

Name: _____

Relationship: _____ Phone Number: _____

WAIVER OF LIABILITY AND ASSUMPTION OF RISK:

The undersigned Client acknowledges that voluntarily participation in any activity, class, service, session, or other event occurring at PTC located at 6214 W. Manchester Ave., Los Angeles, California 90045 involves an inherent risk, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. Hence, Client hereby knowingly and freely assumes all such risks, both known and unknown, even if arising from the negligence of the releases or others, incident to such activities and takes full responsibility for his/her participation. This agreement confirms Client represents that they are in adequate physical condition based on their own assessment, and are not relying on any representations made by anyone at PTC. Client waives any claim or right of action against PTC and its officers, employees, and agents for loss, claims, suits, expenses, liabilities, damages or legal fees incurred on account of any loss or injury to the Client or the Client's property (including personal information) incurred in connection with and/or as a result of the Client's attendance at such classes, services or session conducted by PTC.

Client's Initials: _____

CANCELLATION/NO-SHOW PILICY:

All class reservations must be cancelled 24 hours before the start of the scheduled class. If a reservation is cancelled within 24 hours of the start of the scheduled class or an absence occurs your account will be charged the amount of one full session or one pre-paid session will be deducted from your account.

Name (please print): _____

Signature: _____ Date: _____

Signature of legal guardian: _____